PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 0033-0692P

FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as

•			he original, first and sole inventor or (if plural inventors are named						
Insert Title:	matter which is claimed and for CABLE MODE	r which a patent is sou		RECEIVED					
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Fill in Appropriate				NOV no zama					
Information -	the specification of which is att			17					
For Use Without	-	was filed on		Technology 0-					
Specification Attached E	United States Applica	ation Number	; at	Technology Center 2100					
10 mg - 45	the specification	was filed on	-	as PCT					
/ %	· \		; a						
SEP 0 5 2001 g	1		, a (if appl						
-ر سان	- /		,						
PRADEMARKS TRADEMARKS	I hereby state that I have reviewed and understand the contents of the above identified specification,								
A TRADEMA	ncluding the claims, as amended by any amendment referred to above.								
a which is a second	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37,								
•	Code of Federal Regulations, §		-l						
		I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or							
			this application, that the same wa						
			year prior to this application, that						
		been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or							
	assigns more than twelve months (six months for designs) prior to this application, and that no application for								
	patent or inventor's certificate on this invention has been filed in any country foreign to the United States of								
	America prior to this application by me or my legal representatives or assigns, except as follows.								
	I hereby claim foreign pric	ority benefits under Ti	tle 35, United States Code, §119	(a)-(d) of any foreign					
· · · · · · · · · · · · · · · · · · ·			ted below and have also identifie						
		tor's certificate having	g a filing date before that of the	application on which					
Insert Priority	priority is claimed:			•					
Information:	Prior Foreign Application (s	s)		Priority Claimed					
(if appropriate)	2000-035072(P)	Japan	February/14/2000						
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No					
	2000-076215(P)	Japan	March/17/2000						
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No					
,	(No bank)	(Country)	(March /Day War File I)						
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No					
	(Number)	(Country)	(Month/Day/Year Filed)	U U					
	(1.111007)	(,,	(4.61.21, 24), 162, 1162,	Yes No □					
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No					
	I hereby claim the benefit	under Title 35. United	States Code, §119(e) of any Uni						
Insert Provisional	application(s) listed below.			r					
Application(s):									
(if any)	(Application Number)	•	(Filing Date)						
	(Application Number)		(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6								
	Months for Designs) Prior To			`					
Insert Requested Information:	Country			of Filing (Month/Day/Year)					
(if appropriate)			Care C 1 C 1 C	10					

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Insert Prior U.S. Application(s):

I hereby that the following attorneys to prosecute this tration and/or an international application based on this application and to transact all business in the Paterical Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Terrell C. Birch	(Reg. No. 19,382)	Raymond C. Stewart	(Reg. No. 21,066)
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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

			T			0.75	
Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATU	RE		DATE January 22,	
Insert Name of Inventor Insert Date This	Syuuji	MATSUURA	Syuuji	Mats	uura	2001	
Document is Signed	Residence (City, State	& Country)	<u> </u>	7 / 27/1	CITIZENSHIP	2001	
Insert Residence	, ,		•	l		*	
Insert Citizenship	Ikoma-shi, Na		,		Japanese		
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Full Name of Second Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATU	RE		DATE*	
see above	(0)	2 O	<u> </u>	····	CITIZENSHIP	RECEIVED	
	Residence (City, State	& Country)			CITIZENSHIP	NECEIVER	
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		•	•	•	•		
	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATU	RE		echpology Center 2	
Full Name of Third Inventor, if any	GIVEN NAME	LUMBI GOME	I TO STORY OF STORY			,	
				<u>_</u>			
see above	Residence (City, State & Country)				CITIZENSHIP	CITIZENSHIP	
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•	1 001 011 102 7 55 11265 (5						
						DATE*	
Full Name of Fourth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATU	HE		DATE	
Inventor, if any							
. see above	Residence (City, State	Residence (City, State & Country)					
POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATU	IRE		DATE	
Inventor, if any			ļ]	
see above	Residence (City, State & Country) CITIZENSHIP						
	nesidence (only, otale a country)					ļ	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						